

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519864

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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43		1				
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49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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99			
100			
TOTAL IND.	2		
TOTAL DEP.	34		
TOTAL CLAIMS	36		